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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jul/16/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient Removal of Existing Mesh and Open Umbilical Hernia Repair

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

M.D., Board Certified General Surgery

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.

The reviewer finds there is no medical necessity for Outpatient Removal of Existing Mesh and Open Umbilical Hernia Repair.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Utilization review determination 05/23/12

Utilization review determination 06/25/12

Clinic note Dr. 05/01/12

Clinic note Dr. 07/05/11

Letter of appeal 06/11/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female who has a history of umbilical hernia repair. She is noted to have some soreness at the site since the procedure. She reports over the past two weeks after lifting a heavy object of 40-50 pounds she had an increase in her pain. On physical examination her abdomen is soft and non-distended. There are normal bowel sounds. She has mild tenderness to palpation in the periumbilical region and no hernias seen or palpated. There is an incisional scar from a previous tubal ligation noted. It was subsequently opined that there was no recurrent umbilical hernia. However, the claimant's continued pain may be secondary to the mesh. The record contains a letter of appeal, which notes that the claimant was initially evaluated on 07/20/10 for the new onset of a ventral hernia repair at a previous laparoscopic tubal ligation site. She underwent an open hernia repair, which confirmed the

defect and the placement of Prolene mesh for ventral hernia on 08/02/10. Post-operatively she still had complaints of pain at the surgical site. This was initially felt to be due to the post-operative healing and scarring process so she was observed for a year. She still has complaints of severe pain, which limits her activity. There are no other functional changes and her hernia remains repaired. It is opined that this may be a reaction to foreign body mesh. She has tenderness to palpation at the operative site where the remainder of her examination is normal. She has been offered the option of mesh removal as a last ditch attempt to address this pain which is apparently unremitting. The initial request was reviewed on 05/23/12. The reviewer non-certified the request and notes that there is no evidence of a hernia reoccurrence. The reviewer notes that, per clinician recommendations, she consider changing jobs, limit lifting objects at work, and be prescribed Norco. The reviewer notes that there are no exam findings consistent with a hernia of the umbilical region and no diagnostic imaging has been performed and non-certified the request. A subsequent appeal request was reviewed on 06/25/12. He notes there was no additional clinical information provided to establish the presence of umbilical hernia, thus surgical intervention would not be medically necessary.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:

Per the letter of appeal from Dr. this claimant developed umbilical hernia repair secondary to a previous laparoscopic tubal ligation trocar site. She underwent an open hernia repair, which confirmed defect, and there was placement of Prolene mesh for ventral hernia on 08/02/10. It is noted postoperatively the claimant had continued pain and was observed for nearly a year. Dr. suggests pain may be reaction to foreign body mesh. She is tender to palpation while remainder of the examination is normal, and there is no evidence of recurrent hernia. As such, there would be no clinical indication for removal of existing mesh and open umbilical hernia repair. The reviewer finds there is no medical necessity for Outpatient Removal of Existing Mesh and Open Umbilical Hernia Repair.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☐ ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

☐ AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

☐ DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

☐ INTERQUAL CRITERIA

☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

☐ MILLIMAN CARE GUIDELINES

☒ ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TEXAS TACADA GUIDELINES

☐ TMF SCREENING CRITERIA MANUAL

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)